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APPLICANTS

Nagarjun Yetukuri, Rochester Hills, MI;
 Gerald S. Locke, Lake Orion, MI;
 Kar K. Low, Southfield, MI; Dale Smallwood, Clarkston, MI;

** CONTINUING DATA ***** *RBW* *None*

** FOREIGN APPLICATIONS ***** *RBW* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>RBW</i> Examiner's Signature Initials	STATE OR COUNTRY MI	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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ADDRESS
 36014
 ARTZ & ARTZ, P.C.
 28333 TELEGRAPH ROAD, SUITE 250
 SOUTHFIELD , MI
 48034

TITLE
 CENTER OCCUPANT ARMREST ACTUATED HEAD RESTRAINT

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